PART B - FEE(S) TRANSMITTAL

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23347 7590 11 /05/2 009						Con	Himmte	of Mailing on Trans	nicelon		
GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B482 FIVE MOORE DR., PO BOX 13398						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
RESEARCH TRIANGLE PARK, NC 27709-3398						(Depositor's name)					
									(Signature)	0	
									(Date)	3)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN			R	ATTC	RNEY DOCKET NO.	CONFIRMATION NO.	٦	
10/533,332	10/533,332 05/02/2005			Erwin Pasbrig		PG4977USW 5138					
TITLE OF INVENTION: BLISTER PACKAGE FOR INHALABLE MEDICAMENT											
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE]	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	02/05/2010	_	
EXAMINER A			ART UNIT	CLASS-SUBCLAS	s	7					
DOUGLAS, STEVEN O 3771			3771	128-203150	_	_					
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAMEO FASSIGNEE											
GLAXO GROUP LIMITED				Greenford, MIDDLESEX, WHITEDKINGDOM							
	, ,										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government											
4a. The following fee(s) are submitted: 4 Dissue Fee Publication Fee (No small entity discount permitted)				h. Payment of Pee(s): (Please first renpply any previously paid issue fee shown above) A check is enclosed. Dayment by credit card. Form PTO-2038. is attached.							
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.7-4.3-4.2. (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).											
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